FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000048243**1. Corporation Name

VALA INTERNATIONAL, INC.

Principal Plac	e of Business	Mailing Address			
11222 SW 134 LANE MIAMI FL 33176		11222 SW 134 LANE MIAMI FL 33176		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 05/29/1998	
Principal Place of Business Za. Mailing Address				4. FEI Number	Applied For
		26		65-0838866	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	├-¬ '''	Country	8. This corporation owes the current year l	
24	[25]	29 30	-	Personal Property Tax.	X Yes □No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
HINDUJA, DEEPA			oi Name		
	22 SW 134 LANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MI FL 33176		83		

			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or r agent. I a	egistered agent, or both, in the Statem familiar with, and accept the obli	gations of, Section 607.0505, Florida Si	tatutes.	on's board of directors. Thereby accept the app	on and a vogional a
SIGNATURE				·	
DIONATORE	Signature, typed or printed name of registered a	<u> </u>	red Agent signature require		AMB BIDECTORO (N. 42
12.			3.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PD PDAKACU	_		•	
NAME	VALECHHA, PRAKASH		NAME		
STREET ADDRESS			S STREET ADDRESS	, ,	
CITY-ST-ZIP	MIAMI FL 33176 VPD		I CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	l '' =	_	NAME		
NAME	VALECHHA, GLENDA	1	3 STREET ADDRESS		-
STREET ADDRESS	11222 SW 134 LANE MIAMI FL 33176		4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE	SD SD		TITLE		- Change Addition.
NAME	HINDUJA, DEEPA	33	2 NAME		
STREET ADDRESS	44000 014 404 4 415	3.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		4. CITY-ST-ZIP		
TITLE		☐ DELETE 4.	1 TITLE		☐ Change ☐ Addition
NAME		4.	2 NAME		
STREET ADDRESS		4.3	STREET ADDRESS		
CITY-ST-ZIP		4.5	CITY-ST-ZIP		
TITLE		☐ DELETÉ 5.	I TITLE		☐ Change ☐ Addition
NAME		5.2	2 NAME		,
STREET ADDRESS		5.2	STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE			1 TITLE		☐ Change ☐ Addition
NAME			2 NAME		
STREET ADDRESS		6.3	STREET ADDRESS		•

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90072 050 ***150.00

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